

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 14 February 2014 at 10.00 am

Present: Councillor JG Jarvis (Chairman)
Councillor WLS Bowen (Vice Chairman)

Councillors: PA Andrews, PL Bettington, KS Guthrie, JLV Kenyon, MD Lloyd-Hayes, NP Nenadich, CA North, SJ Robertson, J Stone and GA Vaughan-Powell

In attendance: Councillors GJ Powell (Cabinet Member, Health and Wellbeing), Mr S Clee (Chief Executive, 2gether NHS Trust), Mr P Deneen (Independent Chairman Healthwatch Herefordshire), Mr W Lindesay (Chief Executive, HVOSS) and Ms C McNally (Strategy & Policy Coordinator, Healthwatch Herefordshire)

Officers: H Coombes (Director for Adults Wellbeing), G Dean (Scrutiny Officer), E Shassere (Director for Public Health) and DJ Penrose (Governance Services)

101. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors MJK Cooper and Brig P Jones CBE.

102. NAMED SUBSTITUTES (IF ANY)

None.

103. DECLARATIONS OF INTEREST

None.

104. MINUTES

The Minutes of the meetings held on the 13 January and the 14 February were approved and signed as a correct record.

105. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

None.

106. QUESTIONS FROM THE PUBLIC

None.

107. PUBLIC ACCOUNTABILITY SESSION: NEW HEALTH BODIES - 12 MONTHS ON

The Committee received a report on the performance of the organisation over the previous year from Mr P Deneen, Independent Chairman of Healthwatch Herefordshire (HWH), Mr W Lindesay Governance Lead and Chief Executive, HVOSS, Ms C McNally, Strategy & Policy coordinator for HWH. This included the success and the challenges for the organisation during 2013/14, the key work and key areas of risk for 2014/15 and areas that might be beneficial for future input by the Committee.

Ms McNally provided two case studies that highlighted different models of working. The first had been undertaken when patients had contacted Healthwatch from three GP surgeries to raise concerns and highlight their needs regarding access to services in relation to disability, carer needs and communication issues relating to a learning disability. Health Watch had also worked to contribute a response to the NHS Area Team in relation to the Primary Care Strategy. The response requested the Strategy to consider possible issues with access to GP services.

The second model was of social care for an elderly patient who had not been deemed to require home care support. Work had been undertaken with Age UK to provide a single sign posting service for a befriending service to allow the patient to live independently.

- That HWH would continue to promote and raise public awareness of its role and independence, particularly with people who otherwise wouldn't be able to, or feel less confident, in their ability to make their views known.
- That a key strand of the future activity of HWH would be work with children and young people and a Children and Young Peoples Champion would be appointed in order to involve people from different organisations.

In reply to a question, Ms McNally said that one of the strengths of the organisation was a Board that was both knowledgeable and engaged in its day to day operation. Cross border safeguarding issues had been addressed by a model generated by Board members. Regular meetings were held with Gloucestershire Healthwatch, which allowed cross border issues to be followed up. A weakness was the ability to get the Healthwatch message out to the landscape of Health and Social Care in order to ensure that more practitioners and residents were aware of what the organisation could offer.

- That HWH had statutory powers to enter and review the Acute Hospital, and had visited the hospital and discussed issues with patients. It was important to know what the issues were and that patients felt that they were being treated with dignity and respect. A Board member was specifically tasked with monitoring services at the hospital and reporting back to the Board.
- That there was access to GP surgeries through the Practice Manager Forum, but that there was more work to be done in this area.
- That the first action HWH had taken concerning GP access was to look at the commissioning provision and to attend meetings in order to canvas the public as to what was required in terms of care. A detailed report had been submitted to commissioners which stated that, as GP's held the medical records, patients wanted them to be involved in the commissioning process. It was up to the commissioners to decide what services they would commission.
- That Healthwatch had canvassed the views of college students in Hereford, in order to find out what provision they would like to see in the County. The report would be shared with others, including Public Health. School councils for secondary and primary schools would be approached to undertake a similar engagement exercise.

In reply to a question from a Member, the Independent Chairman said that all residents of the County had a responsibility to understand the health and social care system and take responsibility for their own health. He was concerned that the public, as well as the staff of the Clinical Commissioning Group and the Wye Valley NHS Trust were not aware of all the issues and the current landscape within Health and Social Care. There was an additional funding stream for health that could make a difference and, combined with a number of service contracts that were up for renewal, had provided the opportunity to

improve services in Herefordshire. He felt that the Council had been undertaking an effective strategic role. He added that there was good partnership working between HWH, the Health and Wellbeing Board and the Council.

- That the HWH Board had six outcomes against which it was measured on a quarterly basis, and that meetings were arranged to report against these with commissioning officers. Healthwatch was trying to introduce qualitative information into the data.
- That a HWH Board member was linking with the 2gether NHS Trust in order to look at how mental health provision was provided on the limited budget available.
- HWH was trying to ensure that no blame culture arose around its work, and was striving to ensure that where problems were identified, that solutions were sought.
- That HWH had been told by the Interim Chief Executive of the Wye Valley NHS Trust that the closure of the Minor Injuries Unit in Leominster was a temporary measure. HWH had pointed out the need to ensure that this was made clear to the public at large.

The Chairman thanked Mr Deneen, Mr Lindesay and Ms McNally for their presentation.

The Committee noted a presentation from the Chairman of the Health and Wellbeing Board. During the ensuing discussion, the following points were raised:

- That the Board had been in formal existence since 1st April 2013. Included on the Board are representatives of health and social care providers and commissioners; Healthwatch; Herefordshire Council, Herefordshire Business Board, the police and the third sector.
- The Board had no executive authority. The health and social care spend across the county is estimated to be some £400 - £500m and the HWBB has responsibility to ensure that this spend is used to meet the needs of the residents of Herefordshire, addressing the priorities identified in the Joint Strategic Needs Assessment from which the Health and Wellbeing Strategy was derived.

In reply to a question, the Cabinet Member (Health and Wellbeing) said that the Board was democratically accountable, and had a responsibility to ensure transparency in its workings. The Board had a duty to encourage those who arranged the provision of Health and Social Care Services in Herefordshire to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire and addressing health inequalities.

- That the Council and the Health Community had national outcome frameworks against which they had to deliver. The Board was responsible for the Joint Strategic Needs Assessment, and measured year on year improvements in services and the impact on outcomes for residents.

In reply to a question regarding the size of the Board, the Cabinet Member said that there were questions over representation, and the Board had thus far adopted a liberal approach to ensure that those involved in Health and Wellbeing were appropriately represented. This also helped to ensure that the Board acted as a forum where commissioners and providers could meet in one place.

- That the vision and guiding principles of the Board included death and end of life care. The implementation of seven day working for primary care would help

solve the issue of patients being prevented from going into hospital and highlighted the need to understand that dying and death were issues that had to be dealt with at all times of the day.

The Cabinet Member replied to a question by saying that whilst the Board did not have executive powers, it was in a position to address concerns that arose from the actions of providers and partners. The collaborative nature of Board working should mean that future commissioning arrangements would be coordinated and that this would improve economic efficiency.

- That the four priorities for the Board for 2014/15 were :
 - Staying Healthy, including the impact of housing on residents
 - Community and volunteers
 - Integrated working, which would provide better outcomes for residents of Herefordshire
 - Think family, which would help take the emphasis from the individual child into the strengths and issues within the whole family

The Chief Executive, Together NHS Foundation Trust added that the Board was one of the few that had providers as members of the Board, and that this offered the opportunity to look at the whole person when considering the service user. It also ensured a collective responsibility for the way that the actions of the organisation impacted on people.

In reply to a question, the Director of Children's Wellbeing said that there was a Health and Wellbeing Strategy for the Board, setting out the vision and guiding principles.

The Committee noted a presentation on Public Health from the Director of Public Health. During the ensuing discussion the following points were made:

- That as part of the key work undertaken in 2013, public health had been established as a new local authority function and was staffed by council officers. This strengthened the recognition that almost anything that the Council was responsible for had an impact on public health.
- That over the last year work had been undertaken to stabilise services as contracts were handed over to the Council. Services included school nursing, alcohol and drug awareness programmes as well as health check programme service with GPs. The intention was to get the best quality from all of these services as it was possible to achieve.

In reply to a question from a Member, the Director went on to say that there was a national task group in place to look at issues associated with the schools nursing services. Consideration was being given to tipping the balance back to a public health nursing service and a programme of work to firm up the service specifications and key performance indicators was in hand.

In reply to a question, she went on to say that shared budgets would provide the opportunity to look at the redesign of services for children from 0-19 in order to help provide them with the best start in life. The Journey of the Child would look at how public health funds could be most appropriately utilised.

- That as current services and contracts were reviewed, it would be possible to share the impact of public health funding with services across the Council, if not the actual funds. Discussions would be held with housing partners in order to help ensure houses were warmer, drier and more secure. A similar course would

be taken with the Alcohol Reduction Group and the mental health assessments in order to consider the pathways and processes around those services.

- That whilst there was progress to be made with mental health issues, there would be a programme to address the issue in the coming year.

The Chief Executive, Together NHS Foundation Trust added that the Deputy Prime Minister was supporting a national mental health strategy, and had issued a call for action for parity between mental and physical health. There was a policy misalignment at national level, and it was unclear how it would be deliverable. Good progress had been made at local level, and he believed that the outcome of the Mental Health Strategy was adequately reflected in the commissioning strategy.

RESOLVED: That the presentations be noted.

108. WORK PROGRAMME

The Committee noted its Work Programme.

Resolved: That as a result of the workload of the Committee, meetings should be moved from bimonthly to every six weeks.

The meeting ended at 12.30 pm

CHAIRMAN